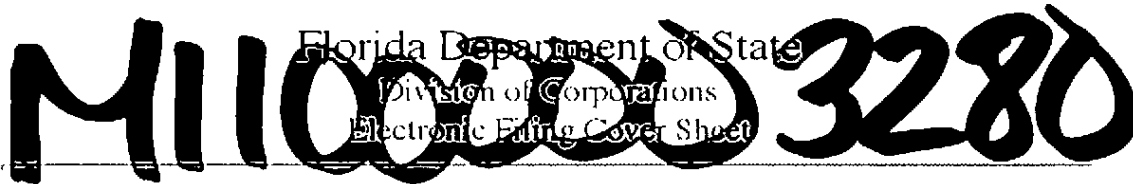


9/12/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 SEP 13 PM 3:06

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONCERT HEATHROW, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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SEP 16 2019

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CONCERT HEATHROW, LLC

Enter new principal office address, if applicable: 1200 BRIDGEWATER DR

HEATHROW, FL 32746

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

1200 BRIDGEWATER DR

(Mailing address)

HEATHROW, FL 32746

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M11000003280

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/27/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

APPROVED
FILED

2019 SEP 13 PM 3:06

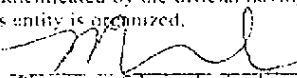
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	PETER J. NANULA	1 COASTAL OAK	☒ Add
		NEWPORT COAST, CA 92657	☐ Remove
MANAGER	CONCERT GOLF PARTNERS HOLDCO LLC	1200 BRIDGEWATER DR	☒ Add
		HEATHROW, FL 32746	☐ Remove
MANAGER	CONCERT GOLF INVESTORS, LLC	1 COASTAL OAK	☐ Add
		NEWPORT COAST, CA 92657	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

PETER J. NANULA

Typed or printed name of signer

Filing Fee: \$25.00

4

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